

## ***Attention!***

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500 series of forms and schedules is printed on special paper with green drop-out ink so it can be processed by the new computerized processing system "EFAST". The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that were mailed to all filers of record. These forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web Site at [www.efast.dol.gov](http://www.efast.dol.gov) for additional information concerning the new processing system, electronic filing, software, and "non-standard" filings.

Department of the Treasury  
Internal Revenue Service

**This form is required to be filed under  
section 6058(a) of the Internal Revenue Code.**

**► Type or print all entries in accordance with the instructions to the Form 5500-EZ.**

## Part I Annual Report Identification Information

**For the calendar plan year 1999  
or fiscal plan year beginning**

**, and ending**

MM / DD / YYYY

**A** This return is:

(1)	<input type="checkbox"/>	the first return filed for the plan;	(3)	<input type="checkbox"/>	the final return filed for the plan;
(2)	<input type="checkbox"/>	an amended return;	(4)	<input type="checkbox"/>	a short plan year return (less than 12 months).

**B** If you filed for an extension of time to file, check the box and attach a copy of the extension application .....

**Part II Basic Plan Information -- enter all requested information.**

**1a** Name of plan

COSES ONLINE

**1b** Three-digit plan number (PN) ►

**1c** Date plan first became effective

**Caution:** A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, including accompanying schedules, statements, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer or plan administrator

Date \_\_\_\_\_

Typed or printed name of individual signing as employer or plan administrator

[illegible]

**2a** Employer's name and address (Address should include room or suite no.)

[illegible]

**3a** Plan administrator's name and address (if same as employer, enter "Same")

[illegible]

**4** If the name and/or EIN of the employer has changed since the last return filed for this plan, enter the name, EIN and the plan number from the last return below:

[illegible]

0 3 9 9 0 0 0 2 1 0



## 5 Preparer information (optional)

**a** Name (including firm name, if applicable) and address

[illegible]**b** EIN

**c** Telephone number

**6** Type of plan: **(a)** ☒ Defined benefit pension plan (attach Schedule B (Form 5500))

**(b)** ☐ Money purchase pension plan (see instructions)

(d) ☐ Stock bonus plan

(c) ☐ Profit-sharing plan

(e) ☐ ESOP plan (attach Schedule E (Form 5500))

**7a** If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number .....

**b** Check if this plan covers:

(1) ☐ Self-employed individuals,

(2) Partner(s) in a partnership, or

(3) ☐ 100% owner of corporation

**8a** Enter the number of qualified pension benefit plans maintained by the employer (including this plan) .....

**b** Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions) .....

**9** Enter the number of participants in each category listed below:

**a** Under age 59 1/2 at the end of the plan year .....

**b** Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of the plan year .....

**c** Age 70 1/2 or older at the beginning of the plan year .....

Number





		Yes	No	Amount	
d Employer securities .....		<input type="checkbox"/>	<input type="checkbox"/>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	00
e Participant loans (see instructions) .....		<input type="checkbox"/>	<input type="checkbox"/>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	00
f Loans (other than to participants) .....		<input type="checkbox"/>	<input type="checkbox"/>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	00
g Tangible personal property .....		<input type="checkbox"/>	<input type="checkbox"/>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	00
<hr/>					
13 Check "Yes" and enter amount involved if any of the following transactions took place between the plan and a disqualified person during this plan year. Otherwise, check "No."		Yes	No	Amount	
a Sale, exchange, or lease of property .....		<input type="checkbox"/>	<input type="checkbox"/>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	00
b Payment by the plan for services .....		<input type="checkbox"/>	<input type="checkbox"/>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	00
c Acquisition or holding of employer securities .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	00
d Loan or extension of credit .....		<input type="checkbox"/>	<input type="checkbox"/>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	00
<hr/>					
If 14a is "No," do not complete line 14b and line 14c. See the specific instructions for line 14b and line 14c.					
14a Does your business have any employees other than you and your spouse (and your partners and their spouses)? .....		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
b Total number of employees (including you and your spouse and your partners and their spouses) .....		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
c Does this plan meet the coverage requirements of Code section 410(b)? .....		<input type="checkbox"/>	<input type="checkbox"/>		
<hr/>					
15a Did the plan distribute any annuity contracts this plan year? .....		<input type="checkbox"/>	<input type="checkbox"/>		
b During this plan year, did the plan make distributions to a married participant in a form other than a qualified joint and survivor annuity or were any distributions on account of the death of a married participant made to beneficiaries other than the spouse of that participant? .....		<input type="checkbox"/>	<input type="checkbox"/>		
c During this plan year, did the plan make loans to married participants? .....		<input type="checkbox"/>	<input type="checkbox"/>		

0 3 9 9 0 0 0 5 1 R

